PRINTED: 08/12/2011 FORM APPROVED OMB NO. 0938-0391

| STATEMENT | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | The second | | PLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| | | 445268 | A. BUII | | | 1 | C 3/2011 |
| | ROVIDER OR SUPPLIER | ABILITATION CENTER | | 73 | EET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087 | 1 0870 | 3/2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | 200000 | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 000 | and #27007 was countinues at a scoof or monitoring of collast and a scoof or monitori | O #27877, #28165, #27036, priducted at Lebanon Health Center July 25 - 29, 2011, and No deficiencies were cited for 28165. Deficiencies were cited d #27036. Based on D #27877, the facility was cited dy. survey was conducted on and the Regional Clinical med of the Immediate inference room on July 29, and the Allegation of Compliance, a Immediacy of the Jeopardy, corrective actions were the survey team on August 3, and the Immediate of the Jeopardy, corrective actions were the survey team on August 3, and the Immediate Jeopardy tags are and severity of a "E" level correction actions. | F | 0000 | | | |
| F 157 SS=K | | TIFY OF CHANGES E/ROOM, ETC) | | 157 | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued Facility ID: TN9502 AUG 22 2011

program participation.

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| NAME OF P | ROVIDER OR SUPPLIER | 445268 | | _ | REET ADDRESS, CITY, STATE, ZIP CODE | 08/0 | 3/2011 |
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| F 157 | consult with the resknown, notify the resor an interested fan accident involving transport injury and has the printervention; a signiphysical, mental, or deterioration in hear status in either life to clinical complication significantly (i.e., a existing form of treatment); or a decitive treatment); or a decitive treatment); or a decitive treatment from the \$483.12(a). The facility must also and, if known, the reor interested family change in room or respecified in \$483.1 resident rights under regulations as specified in \$483.1 resident rights under righ | ediately inform the resident; ident's physician; and if esident's legal representative nily member when there is an he resident which results in potential for requiring physician ificant change in the resident's psychosocial status (i.e., a lith, mental, or psychosocial threatening conditions or ns); a need to alter treatment need to discontinue an atment due to adverse to commence a new form of cision to transfer or discharge the facility as specified in the solution of the resident's legal representative member when there is a threatening or a change in the rederal or State law or ified in paragraph (b)(1) of the cord and periodically update one number of the resident's or interested family member. It is not met as evidenced the record review, review of the inswering service log, facility in the resident's record review, review of the inswering service log, facility | F | 157 | 1. Residents identified to be a the alleged deficient practice. The four residents identified to haffected by the alleged deficient practice #13 and #14, are no longer at the therefore, no further action can be take residents. 2. Residents who have the probe affected by the alleged practice. Members of nursing management, (Director (RCMD), Medical Records MDS Coordinator audited physicians's the lab section of the medical recorresident beginning on 7/28/11 to assure ordered labs have been drawn and the communicated to the attending physic Medical Director reviewed the results of on 7/29/11. On 7/29/11 the RCMD & MDS Correviewed the care plans and care cardex resident to assure individualized interested to lab management (i.e. che condition, effectiveness of medicate clearly identified and documented. On 7/31/11 the Regional Clinical (RCD), Interim DON, Charge Nurses & Records Director reviewed the Lab Tiet to validate that labs were transcribed to for the month change over process. | phave been be, #5, #12, he facility; an for these hetential to deficient he deficie | |
| | | gency medical services | | | | | |

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| | ROVIDER OR SUPPLIER | ABILITATION CENTER | • | 73 | EET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087 | | |
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| F 157 | professional standa interview the facility of an elevated pota immediately notify critical potassium lefacility failed to notify facility failed to notify facility failed to notify the feedings intravenor notify the physician for one resident (#10) for nineteen resident (#11) for nineteen resident for one resident for nineteen resident for one resident for nineteen resi | ew, hospital record review, and of failed to notify the physician essium level and failed to the physician of a subsequent evel for one resident (#5); the fy the physician of lab results the dosing of medications for receiving Vancomycin evenously, and one resident of parenteral nutrition (TPN) usly; and the facility failed to timely of abnormal lab results (14) with a low potassium level the reviewed. The caused or is likely to the facility impairment or death to fail and failed to the facility failed to the facility failed to the facility failed to the facility of the limited to the facility on with diagnoses including | F 1 | 157 | The Medical Director reviewed the comanagement policy and process attending physicians on July 29, 2011. Orders received for residents who have lab work are entered on the Lab Tickler The tool is to be completed by the licen at the time the lab order is received. The Nurse is responsible to assure the lab praware of the order and to assure that the drawn timely. The Charge Nurses for 1300 hall will be responsible to check the portal on 3-11 shift by 7:00 pm and will lab results available and proceed to reportical labs to the attending physician immediately. In the event an attending cannot be reached within 15 minutes of critical result being received the nurse we contact Medical Director and DON Ar abnormal labs will be reported to the attending by faxing to the MD's office. Oweckends (Friday afternoon through Suboth abnormal & critical labs will be cambourd and theas well as on the Lab Tickler too Abnormal & critical labs will be documented and theas well as on the Lab Tickler too Abnormal & critical labs will be communicated to shift report so each nurse of the lab result status. | orders for Tool. sed nurses e Charge rovider is e lab is 100, 200 & e lab I print all ort any physician the will my tending ng On unday) alled to the ation will hone and on the lab ol. mented on cated | |

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| | PROVIDER OR SUPPLIER ON HEALTH AND REH | IABILITATION CENTER | | 7 | REET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087 | | 03/2011 |
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| | January 6, 2011, the revealed the reside daily from a 3.3 L (I 2011, to a critical hid 2011, with the hospinormal identified as (liter). Review of the Theraphy and the same identified in the same identified i | ent's hospital lab results on rough February 4, 2011, nt's potassium level fluctuated ow) level on January 9 and 29, gh level of 6.1 on January 17, ital's reference range for 3.4 to 5.1 mmol (millimoles)/L ital's discharge summary ruary 7, 2011), dictated and uary 23, 2011, revealed, was repletedsent to (facility dicare, where they would comy tube care and urostomy rding the output, ostomy care, dioccupational therapy." The progress and Update ional Therapy for the week of 1, revealed, "Pt (patient) | F | | Nurses on the 11-7 shift will performedical record review to ensure the have been properly transcribed, physicians notified of results an component is documented on the Tool. In addition, the Interdiscip ("IDT"), which includes the Interin Nursing, the Unit Manager, Development Coordinator, the Soo Director, the Activities Director, the Dietician, the MDS Coordinators, an Program Manager. The IDT, revie every morning Monday-Friday morning clinical stand up meeting, meeting the IDT reviews residents worders using the telephone order slorders for newly admitted resident admission order sheets For new order or new admissions that occur on the the weekend RN supervisor will verify that the new lab orders were at Lab Tickler Tool and are reflected on report. A sample of five charts with new orders will be reviewed during the dair clinical meeting to determine wheth hour chart check is occurring. This revidone Monday-Friday for 30, day members of nursing management, whithe Interim DON, Unit Manager, S Development Coordinator) and RCMD Care Management Director). On the these reviews will be completed by the supervisor. If identified concerns ar 100% chart check will be completed with responsible by the Interim DON Manager. | at new orders carried out, d that each Lab Tickler finary. Team in Director of the Staff cial Services he Registered and the Rehab was residents during the During the outline and the susing the susing the evith new lab lips and the susing the ers obtained he weekends, review and added to the the 24 hour of physician ly morning her the 24-liew will be subject to the control of th | |

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| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | 5.0 | IULTIPLE (ILDING | CONSTRUCTION | (X3) DATE | |
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| TAG REGULATORY OR LS | C IDENTIFYING INFORMATION) | PREFI | | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | SHOULD BE | COMPLETION DATE |
| reference range for no Review of the lab result ("!" is the lab's designational labs) with 3.6 - / (per) L (liter) used by reference range for no Review of the Physicia dated February 21, 20 (medication abbreviation Record 2011, revealed a critical labs) with 3.6 - / (per) L (liter) used by reference range for no Review of the lab result dated February 21, 20 (medication abbreviation abbrevia | d, "Will have no s/s (signs yperkalemia (elevated 2011." Continued review of proaches, revealed, "1) is (medications) as ordered; ramps, chest pain, SOB or or or of (MAR) dated February esident was admitted with Chloride 10 meq mouth every day. It is Telephone Orders of 11, revealed, "(1) BMP et), CBC (complete blood or of the laboratory as the ormal limits. In the laboratory as the ormal limits. | F 1 | The con (ph noti mee 300 later com fami the reduced MD) the l MD phys nurse Interidocur on the filed | e IDT will validate that lab appleted as ordered and follow sysician and responsible iffed) during afternoon clinicating. Daily 3-11 charge nurse than 7pm. Abnormal amunicated to the MD and ily member within 24 hours of results (This allows the nurse ument and make recomment (a) Critical labs will be called to lab and the nurse will immedia within 15 minutes of receipt. I sician does not respond within e will then notify Medical im Director of Nursing ment that notification has occur lab result form The lab in the medical record. In addition the medical record. | rup is complete party/resident ical follow up es for 100, 200, in that day by no labs will be tresident and/or of the receipt of time to assess, dations to the the facility by intely notify the ff the attending in 15 minutes Director and Nurse will curred directly results will be ion the charge | |

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| F 157 | 2011, revealed the (within normal rang Telephone Orders revealed, "Hold KC Thurs (Thursday was (Friday was 2/25/20 Mon (Monday was lab) remains within KCL (medication)." Review of the Phys dated February 24, 2/24/11. D/C (discoredraw on 2/28/11) Review of the lab re 2011, revealed the (high). Medical recoreport and nurses of the abnormal lab. Review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued review of the lab re 2011, revealed the Continued in Continued | BMP (lab) in am." esults dated February 23, potassium level was 5.4 e.) Review of the Physician's dated February 23, 2011, L (potassium medication) as 2/24/2011) & (and) Fri 011) Do BMP Fri (2/25/2011) & 2/28/2011) If KCL (potassium normal limits continue to hold ician's Telephone Orders 2011, revealed, "BMP (lab) ontinue) BMP on 2/25/2011 - per order." esults dated February 24, potassium level was 5.6 H ord review of the same lab | F | 157 | The Lab Tickler Tool will be initiated of the month during the changeover reflect labs due for the upcoming month. The Interim Director of Nursing or detthe Region Clinical Director wild documentation of potential new admis orders for IV antibiotic therapy admission to review medications and to fadministration. The Interim Director of determine whether the facility has the to accept the referral. This joint recontinue for 60 days. The IDT team will review the orders of admitted with Vancomycin antibiotic of TPN during the morning meeting to orders are transcribed properly and that noted on the Lab Tickler Tool in accordinate for 60 days or until the IDT that the process is in place and effectively through the QA and A process. On 7/27/11 the Region Clinical Director of Nursing education for licensed nurses, certifical assistants, dietary staff and the dietician regarding the lab management and the use of the Lab Tickler and Tools. Licensed nurses were educated by DON RCD. Education began on July regarding the Lab Process to include the of Vancomycin levels and monitorinal associated with TPN administration education process will continue until staff has been education. Nurses we permitted to resume regular work deducation is completed. Education incorporated into the the new hire continue of the continue that the new hire continue of the process of the continue until staff has been education. Nurses we permitted to resume regular work deducation is completed. Education incorporated into the the new hire the process of the | signee and l receive sions with prior to he method irector of will jointly resources eview will fresidents herapy and hassure that orders are dance with eview will eletermines working less. tor (RCD) g initiated end nursing registered end system Lab Audit M/SDC and 28, 2011 monitoring ag of labs en. The l licensed ill not be uties until a will be | |

process.

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| | 2011, at 11:10 a.m confirmed, "It is por February 28, 2011, March 2, 2011, dur Review of the Phys March 2, 2011, revealed the (high). Review of the resid 2011, revealed the (high). Medical record revithe physician had be lab result on March revealed the abnorm to the physician's ordays from the day tresults). Interview with Regis 26, 2011, at 2:15 p. confirmed the RN for (potassium 6.0 H) of desk" on March 7, 2 the physician's offic know if the physician the abnormal results. Interview with the revia telephone converted the lab resconfirmed the follow been in order had the | w with the NP on August 1, , from the conference room ssible I reviewed the labs from and ordered the BMP on ing my rounds." sician's Telephone Order dated ealed, "BMP in AM." ent's lab result dated March 3, potassium level was 6.0 H ew revealed no documentation een notified of the abnormal 3, 2011. Continued review mal lab result had been faxed ffice on March 7, 2011, (four he facility received the stered Nurse (RN) #3 on July m., in the conference room bund the abnormal lab result lated March 3, 2011, "on the 2011, and faxed the result to be because RN #3 did not in had been made aware of s. esident's attending physician ersation on July 27, 2011, at d the physician denied sults. Continued interview wing interventions would have the physician received the results on March 3, 2011, of | F1 | 57 | The Interim Director of Nursing and/o initiated the process of educating licen on 8/2/11 regarding the proper radministering Vancomycin and the impassuring appropriate monitoring of V levels through lab results. Nurses we permitted to resume regular work of education is completed. Education incorporated into the the new hire process. The Interim Director of Nursing and/o initiated the process of educating licen on 8/2/11 regarding the proper madministering TPN and the impoassuring appropriate monitoring associated with TPN administration. Not be permitted to resume regular we until education is completed. Education incorporated into the the new hire opposess. | presented of portance of ancomycin will not be luties until no will be orientation or designee ased nurses method of of lats Nurses will work duties on will be | |

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| | | IABILITATION CENTER | 7 L | REET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087 | | |
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| F 157 | given; 2) Talk to the resident's diet and Force fluids if need Kayexalate (mediculevels in the blood Telephone intervier physician on July 2 confirmed the physician on July 2 confirmed the physician face of the physician on July 2 confirmed the physician on July 2 confirmed the physician face of the physician face of the physician face of the physician face of the high potassis. Medical record reviphysician's orders of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. Review of the Nursician face of the high potassis. | ure potassium was not being e nurses; 3) Review the assessed hydration status; 4) led; 5) Probably give oral ation to reduce potassium stream). w with the resident's attending 7, 2011, at 1:30 p.m., sician's office had no record of on of the abnormal potassium | F 157 | Licensed Nurses were educated on chart check process by the Staff D Coordinator (SDC), which began Nurses will not be permitted to rest work duties until education is Education will be incorporated into hire orientation process. Nursing management and other clinic began the process of clinical compete of licensed nurses on administration of Trach care, etc. WHEN Nurses will to demonstrate competencies prior permitted to resume floor responsibility will not be permitted to resume reduties until competency testing is Competency testing will be incorporated to the new hire orientation process. Licensed nurses will be educated by DON/designee regarding their responsasure labs are drawn timely. The nurses are to obtain the blood sample that the lab phlebotomist is unavailable to obtain the specimen timely. This wifacility to assure that the medadministered according to physicia Nurses will not be permitted to result work duties until education is Education will be incorporated into thire orientation process. | Development on 8/2/11. The second of 1/2 in the the new seal resources ency testing of IVs, TPN, be required in the second of th | |

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| | Review of the lab re revealed the reside level of 8.4 H! (The critical level per tele Manager on July 27 Continued review o revealed the lab reg Registered Nurse (I potassium level at 8 Review of the Nursi dated March 8, 201 received the critical and reported the critical and reported the critical and reported the critical and revealed the physicianswering service a of the nurse's note or return the call until 7 revealed the physicians to the emergent Review of the physician sent to the emergent Review of the physician service did not p.m., with the messapail (pale) & (and) sipain pls (please) call Review of the nurse dated March 8, 2011 services transport has services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 services transport has review of the nurse dated March 8, 2011 | esults dated March 8, 2011, in thad a critical potassium exclamation point signified a ephone interview with the Lab 2, 2011, at 10:25 a.m.) If the March 8, 2011, lab result presentative informed RN) #2 of the critical 5:57 p.m. Ing Daily Skilled Summary 1, 6:00 p.m., revealed RN #2 lab information from the lab, tical lab result to RN #3. Ing Daily Skilled Summary 1, revealed RN #3 attempted an through the physician's at 7:00 p.m. Continued review evealed the physician did not 2:45 p.m. Continued review an ordered the resident to be acy room for evaluation. Including the physician did not 2:45 p.m. Continued review an ordered the resident to be acy room for evaluation. Including the physician did not 2:45 p.m. Continued review an ordered the resident to be acy room for evaluation. Including the physician did not 2:45 p.m. Continued review an ordered the resident to be acy room for evaluation. Including the physician did not 2:45 p.m. Continued review an ordered the resident to be acy room for evaluation. | F | 157 | Charge nurse for 100, 200 & 30 responsible to report abnormal V levels to the MD on the same day receipt for appropriate dosing by M dose. MD notification should be of directly on the lab results. The lab results of the filed in the Medical Record. Charge nurse for 100, 200 & 30 responsible to report lab results for receiving TPN to the Pharmaceommendations of TPN dosing. Or recommendations are received the Chartenian is to communicate recommendations that same day for the next day's Tour instruction. MD notification is documented directly on the lab result results should then filed in the Medical The Division Director of Pharmacy Sicontacted the Consultant Pharmacist him/her about his/her responsibility during monthly visits, the use an discontinuation of Vancomycin therapy. | ancomycin results of 1D of next documented sults should 0 hall are or residents macy for mee dosing to the MD PN dosing hould be s. The lab I Record. ervices has to remind to review, d possible | |

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| | 445268 | B. WIN | 4G _ | | 08// | C 03/2011 |
| SUMMARY STA | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | 7: L | REET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR | TION ULD BE | (X5) COMPLETION DATE |
| received at 8:37 p. emergency service 8:50 p.m.; departed arrived at the emer Interview with RN # July 26, 2011, at 1: received the call frowith the critical lab Continued interview information verbally response from RN information relayed #2 confirmed RN # July 26, 2011, at 2: could not recall treator interview with RN # July 26, 2011, at 2: could not recall treator interventions prothe length of time from 7:50 p.m. to 8: service. Telephone interview (CNA) #5 on Augus confirmed the CNA to 11:00 p.m.) had be resident #5 on Marcointerview confirmed 2:30 p.m. (beginning interview confirmed about not feeling good Review of the Nursing written by RN #3, day | e call from the facility was m. Continued review revealed is (EMS) were at the facility at different the facility at 9:14 p.m., and gency room (ER) at 9:17 p.m. the facility at 9:14 p.m., and gency room (ER) at 9:17 p.m., result for resident #2 had on the laboratory at 6:00 p.m., result for resident #5. It confirmed RN #2 relayed the responded affirmatively. The facility at 9:14 p.m., and gency room on the facility at 10:00 p.m., result for resident during of the conference room on the facility at 10:00 p.m., resident during om 6:00 p.m. until 7:50 p.m., resident during om 6:00 p.m. until 7:50 p.m., resident for the ambulance at 1, 2011, at 12:07 p.m., worked second shift (3 p.m., worked second shift (3 p.m., worked second shift (3 p.m., resident was "okay" at gof shift). Continued the resident was "okay" at gof shift). Continued the resident had complained | F | 157 | 4. Quality Assessment and Committee The Quality Assessment and Committee will meet weekly for a monthly thereafter to discuss complithis plan and to review identified the patterns regarding the lab management. The Committee includes the Medical Administrator, DON, pharmacist, memi IDT and at least one member of direct complete discussion of 5/11/11 dure Quality Review. • Lab issue was on 5/11/11 dure Quality Review. • Action plan was developed along step-by-step late to address the least system. It was lead to the May 18th meeting as a idea concern/focus was action in process. • All licensed state educated on Lal and this education completed by 6th June QAA meet 6/14/11 also referred action in progress. | Assurance month and ance with rends and nt system. Director, bers of the care staff. identified ing v Process: as ab brought QAA entified with ss: ff were b Process on was /8/11. ting held leet ss | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION | (X3) DATE S COMPLI | |
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| | | 445268 | B. WIN | 1G _ | | | C 03/2011 |
| | | ABILITATION CENTER | | 7: | REET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| | (medication) for C/O ABD (abdomen) rat 1-10" Continued ambulance here to hospital" Medical record revie Administration Recorevealed the reside "Hydrocodone/Acmedication) 5 mg - mouth every 4 hour Medical record revie Administration Record revied the resident receive 2011. Medical record revied of the transfer asset to the emergency management Review of the emergency management came in as critical lassenecalled for as (A code is the term of measures performed and/or pulse)" Review of the emergency and/or pulse)" Review of the emergency and/or pulse)" | RN (as needed) pain med D (complains of) pain to lower red @ (at) 5 on a scale of review revealed, "8:50 p.m. pick up and transport to ew of the Medication ord dated March 2011, and the determination of the Medication ord dated for pain" ew of the Medication ord dated March 2011, and the determination of the Medication ord dated March 2011, and the determination of the medication on March 8, ew revealed no documentation of the medication on March 8, ew revealed no documentation determination or vital signs provided edical services transport. The call describes transport services 8, 2011, revealed, "The call describes. After arriving on the sistance on a working code used to define resuscitative din the absence of breath gency room Initial ated March 8, 2011, at 9:15 ardiac arrest pre-hospital" we alled the resident presented | F | 157 | The Region Clinical Director will minutes of the Committee meetings one month and then quarterly thereafter that appropriate discussion and for documented. Alleged Date of Compliance: 16, 2011 | weekly for er to assure | |

| STA | ATEMEN O PLAN (| T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M | ULTIP | LE CONSTRUCTION | (X3) DATE | SURVEY |
|-----|---------------------------------------|---|---|---------------------|-------|--|-----------|----------------------------|
| | | 15,738 | IS ELLIN TO THIS WOMBER. | A. BUI | LDING | | COME | PLETED |
| | | | 445268 | B. WIN | IG | | 00 | C |
| LI | EBANC | | ABILITATION CENTER | | 73 | ET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT EBANON, TN 37087 | | 3/03/2011 |
| | X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | × | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| | i i i i i i i i i i i i i i i i i i i | 9:21 p.m., revealed, ArrestCardiopulmo Diagnosis: Hyperkal Continued review reended was 9:35 p.m death certificate revealed cardiac Arrest. Review of profession imbalance from the Handbook, revealed potassium level has (3.5 - 5 mEq/liter), a direction can product consequences. Para (potassium deficience (potassium excess) of and flaccid paralysis. diminish excitability a heart muscle, which Continued review revents and abdominal cramp Review of the facility' Management, revealed tests are Abnormal of attending Physician/Licensed Proverage) cannot be in abnormal value, the Medical Director's Practitioner)/designeed Procedure (potassium) and the Medical Director's Practitioner)/designeed Practitioner | "Type of charry, Hyperkalemia; Patient demia, Ca (Cancer)" vealed the time the code of the resident's dealed the cause of death was at and Carcinoma of Bladder. In all literature on potassium decay and Disorders of the results are profound clinical dedoxically, both hypokalemia and hyperkalemia can lead to muscle weakness of the may lead to cardiac arrest" In all literature on potassium decay and person recommendation of the report and signed by the lab of th | F 1 | 57 | | | |

| | F OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | LE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | |
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| | | 445268 | B. WI | 1G | | | 20-27 NO. 12-0-0 | C | |
| | ROVIDER OR SUPPLIER | ABILITATION CENTER | | 73 | EET ADDRESS, CITY, STATE, 2 1 CASTLE HEIGHTS COUR EBANON, TN 37087 | | <u> </u> | 3/2011 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN O (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE | CTION SHOU | JLD BE | COMPLETION DATE | |
| F 157 | results." Telephone interview physician on July 2: confirmed the potas would have required. Interview with the D 2011, at 11:20 a.m. confirmed the facility abnormal and critical followed. Continued documentation was resident had not be. In summary, resident facility status post is lab values, specifical element in the physical heart. The resident rehabilitation with the upon discharge. La February 24 and 28 indicated elevated a which physician notical cannot be verified. complained of naus pain (all indicators of March 8, 2011, new critical potassium leterom the time the latevel to the facility at until the ambulance and 53 minutes of tildelay in treatment. Was notified as soon informed of the lab (| w with the resident's attending 7, 2011, at 1:30 p.m., ssium level of 8.4 H! (critical) d emergency treatment. Director of Nursing on July 27, in the conference room y's policy for reporting all lab values had not been d interview confirmed the unclear as to why the en treated sooner. In #5 was admitted to the urgery, and with fluctuating ally K+ (potassium), a critical iology of the rhythm of the was admitted for e goal of returning home b results obtained on 2011, and March 3, 2011, and abnormal K+ levels for ification on those dates | F | 157 | | | | | |

PRINTED: 08/12/2011 FORM APPROVED OMB NO. 0938-0391

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | IULTIPL | LE CONSTRUCTION | COMPL | |
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| | | 445268 | B. WII | NG | | 08/0 | 03/2011 |
| | ROVIDER OR SUPPLIER N HEALTH AND REH | IABILITATION CENTER | | 731 | ET ADDRESS, CITY, STATE, ZIP CODE I CASTLE HEIGHTS COURT BANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | CO1000 100 | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| F 157 | the call was not recommended to the call was not recommended to the call was not recommended to the call was a failure of facility standing the physic services resulted in Subsequently, as the into the emergency and resuscitation on the Emergency Rocaresuscitation continus success. The resident #12 was a February 15, 2011, Osteomyelitis (inflatoriable of the Mellitus, Eperipheral Vascular Backache, and Septhe blood). Review of the Admit 15, 2011, signed by revealed, "Vancor (intravenous) once revealed, "vancor (intravenous) once revealed, "peak & (third) dose. Pharm resident's Medication dated February 201 received Vancomyos serious or severe in (milligrams) intravar. | reived until 7:50 p.m. (1 hour, RN #3 stated the emergency and been notified at 8:10 p.m. rvices transport services log as received at 8:37 p.m. The ff to follow the facility policy in ian and calling for emergency the delay of treatment. The resident was being loaded transport, vital signs ceased, transport, vital signs ceased, transport are revealed to the ER, without dent died of Acute Cardiac on March 8, 2011. Admitted to the facility on with diagnoses including the stage Renal Disease, and Stage Renal Disease, and Disease, are Disease, Hypertension, as is/Bacteremia (bacteria in session Orders dated February the attending physician, mycin 1000 mg (milligrams) IV daily" Continued review (and) trough q (every) 3rd fracy to dose" Review of the first Administration Record 1, revealed the resident in (an anti-infective used for fections) 1000 mg | F | 157 | | | |
| | | M | | | | | |

es adaptifications are also

| AND PLAN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MU A. BUIL | | DNSTRUCTION | (X3) DATE COMP | SURVEY LETED |
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| NAME OF F | PROVIDER OR SUPPLIER | 440200 | \perp | STREET A | DDRESS, CITY, STATE, ZIP CODE | 08/ | 03/2011 |
| LEBANC | N HEALTH AND REH | ABILITATION CENTER | | 731 CAS | STLE HEIGHTS COURT ION, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| | is a measurement of been given and at it concentration. Idea infusion. 2. The trodrug in the blood rig at its lowest level of Ideally just prior to it TIME a specimen is TIME the dose was accurately interpret considerations" Review of the lab re 2011, and identified revealed a critical recritical lab value) wit 20.0. Continued redirector had initialed "Stopped Vancomyo". Stopped Vancomyo to discontinue the Va 2011, the resident where the value of the Medical Review of the Nursin revealed adverse real include fever, pain, hipseudomembranous | of drug in the blood after it has a highest level of any of the before the next dose and concentration in the blood. In the blood of the before the next dose and concentration in the blood. In the blood of the before the next dose and concentration in the blood. In the blood of the before the next dose and concentration in the blood. In the blood of the | F 18 | 57 | | | |

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| | F OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | IULTIPLE LDING | CONSTRUCTION | (X3) DATE S COMPLE | |
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| | ROVIDER OR SUPPLIER | HABILITATION CENTER | | 731 C | T ADDRESS, CITY, STATE, ZIP CODE CASTLE HEIGHTS COURT ANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | 200 | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 157 | dysfunction need of blood levels to adjunction need of blood levels to adjunction needs, 30 to 40 mg hour after infusion mg/L (drawn just but levels with the Manager of th | Patients with renal losage adjustment. Monitor ust I.V. (intravenous) dosage. It levels of Vancomycin are (milligrams)/L (liter) (drawn 1 ends), and trough, 5 to 10 efore next dose is given). Medical Director on August 1, by telephone from the onfirmed, "Was not aware the to receive the one told me it had been the patient's primary attention to the labsWe ication, signing what has been that they say, not documented, a problem" cility continued to administer ancomycin) for 6 days after the as received. admitted to the facility on April mitted on May 4, 2011, with g Aspiration Pneumonia, Acute Kidney Disease, Hypokalemia, pletion, Malabsorption | F1 | 157 | | | |

Facility ID: TN9502

FORM CMS-2567(02-99) Previous Versions Obsolete

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) N A. BU | | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 445268 | B. WI | NG _ | | 08/ | C 03/2011 |
| NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER | | | | 7 | REET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087 | | 55.2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 157 | (Magnesium); CBC (every) 3 days." The definition of TF Cyclopedic Medical Provision of the totaroute for a patient vorally. Review of the Nursing Care reveal administration of devitamins, and trace exceed the patient's thereby achieve and the body substance. | PN provided by Taber's Dictionary is as follows: Al caloric needs by intravenous who is unable to take food the Handbook for Geriatric aled TPN is the parenteral extrose, proteins, electrolytes, elements in amounts that is energy expenditure and abolism (The building up of | F | 1157 | | | |
| | 5, 2011, revealed, "needs secondary to syndromeCMP/M. & communicate to M. be managing TPN." Review of the laborathrough May 13, 20 completed on May 7 were due since the 4, 2011. Review of the reside 2011, revealed the f | malabsorption ag(magnesium)/CBC q 3 days MD (Medical Doctor) who will atory results from May 4, 11, revealed no labs had been 7, 2011, the first day the labs resident's admission on May ent's lab results dated May 10, following abnormal lab values: in (normal: 8-24) 52 H (H= | | | | | |
| | BUN/Creatinine Clea 43.7 H; Glomerular greater than 60) 55 97-112) 91 L; CO2 ((normal:8.7-10.4) 8. | Filtration Rate (normal: 6.0-25.0) Filtration Rate (normal: L (L= low); Chloride (normal: normal: 20-32) 35 H; Calcium 5 L; Total Protein (normal nin (normal: 3.2-5.0) 3.0 L; | | | | | p. 1886 |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 0.000 0.00 | IULTIP | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 445268 | B. WI | NG | | 08/0 | C 03/2011 |
| | ROVIDER OR SUPPLIER | ABILITATION CENTER | | 73 | EET ADDRESS, CITY, STATE, ZIP CODE 11 CASTLE HEIGHTS COURT EBANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 157 | Alkaline Phosphate Blood Cells (normal (normal: 11.5-15.5) 36-45) 27.5 LCodocumentation the the abnormal labs. changes in the TPN Review of the resid 2011, revealed the Blood Urea Nitroge Creatinine (normal: Clearance (normal: Filtration Rate (normal: Filtration Rate (normal: 920-32) 34 H; Calciu Total Protein (normal: 3.2-5.0) 2. (normal: 35-105) 1617-34) 13.1 L; GlucContinued review the physician had b | (normal: 35-105) 145 H; Red l: 3.8-5.0) 3.09 L; Hemoglobin 9.0 L; Hematocrit (normal: ntinued review revealed no physician had been notified of Continued review revealed no | F | 157 | | | |
| | Nutrition Checklist, frequently per physi | y's policy, Total Parenteral revealed, "monitor labs cian's order and notify abnormalities or sudden nula may need to be | | | | | |
| | in the conference ro from the hospital or The TPN orders are | with the Pharmacy August 2, 2011, at 10:55 a.m., from confirmed residents come home with initial TPN orders. It transcribed to the TPN TPN/PPN Order Form), and | | | | | e , a |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 100000000000000000000000000000000000000 | IULTIPLE | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | PROVIDER OR SUPPLIER | IABILITATION CENTER | | 731 | T ADDRESS, CITY, STATE, ZIP CODE CASTLE HEIGHTS COURT BANON, TN 37087 | | 7072011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | 20.00 | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| | sent to the physicial formula is sent to the confirmed the pharmeach TPN resident, changes, and any fresult of the physici interview confirmed from the TPN/PPN formulas are based blood sugars) monicontinued interview TPN formula must of the transparent to the pharmesident #13's care confirmed the pharmesident #13's care confirmed according the IV (Intravenous) every other day, spot the resident, and incomplete orders for TPN. confirmed no change been communicated pharmacy during the Interview with the Reconference room, confirmed in July 25 conference room, confirmed by the physical transparence for | n for approval before the TPN ne facility. Continued interview macy maintains care plans for contacts the facility for order formula changes made are a an's orders. Continued the initial formula is prepared Order Form and subsequent on labs (electrolytes, CBC, tored by the Physician. Confirmed any changes in the come from the Physician. With the Pharmacy August 2, 2011, at 12:45 p.m., macy had no copies of labs in plan. Continued interview to the pharmacy's care plan, Technician called the facility oke with the nurse in charge of quired of physician changes to Continued interview es to the TPN orders had to by the nurses to the eresident's stay in the facility. Regional Clinical Director 1, 2011, at 3:00 p.m., in the confirmed there was no recorded on May 7, 2011, as | F | 157 | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | li poecet ser | ILDIN | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | |
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| | | 445268 | B. WI | NG _ | | 08 | C /03/2011 |
| NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER | | | 1 | 73 | REET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087 | 7 00. | 103/2011 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | 5 | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CORRESTRANCED TO THE APPROPRIED TO THE APPROPRIED (ENCY) | OULD BE | COMPLETION DATE |
| | ensure the appropri interview confirmed understanding was results to the Pharm recommendations to changes in the TPN approved the change confirmed the physi Pharmacy had not recontinued interview perfect work towar these mistakesed Interview with RCD conference room on confirmed the TPN to changed as a result any time during the the Registered Dietiroom on August 2, 2 #1 and #2 present, or responsible for the TIPN orders, approve physician. The physician. The physician to monitor regarding the TPN for the pharmacy stated the and made changes. Not been completed documentation the pharmacy stated the and made recommendation the pharmacy stated the and made changes. Not been completed documentation the pharmacy stated the and made results and May 13, 2011. Findispensing TPN form | ate TPN formula. Continued the Physician's the facility faxed the lab macy; the Pharmacy made based on the lab results for formula; and the Physician res. Continued interview cian was not aware the eviewed the lab results. confirmed, "No system is deffectivenesslearn from rest constantly" #1 and RCD #2 in the August 2, 2011, at 9:15 a.m., formula had not been of the abnormal lab results at resident's stay. Interview with cian (RD) in the conference resident's stay. Interview with confirmed the RD was not TPN formula. | F | 1157 | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 20 2000 | ULTIPLE LDING | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | PROVIDER OR SUPPLIER ON HEALTH AND REH | IABILITATION CENTER | | 731 (| T ADDRESS, CITY, STATE, ZIP CODE CASTLE HEIGHTS COURT IANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| | physicians orders. Representative, no TPN formula during facility. The resider emergency room or complaints of short anxiety. Resident #14 was a 12, 2011, with diagn Prostate Cancer, To Compression Fract Hypovolemia, and Holder Review of the Physi 2011, revealed and (Comprehensive Macompleted on May 3) Review of the lab re revealed the resider specifically a low po 5.4 identified as the review revealed a ne lab sheet, "results signed by the Licens Continued review re (milliequivalents) po Chloride x (times) 1 Review of the Handl Care, revealed, "P result in such compla and flaccid paralysis cardiac arrest" | eck for changes in the According the Pharmacy changes were made to the githe resident's stay at the not was discharged to | F | 57 | | | |

PRINTED: 08/12/2011

| DEPART | MENT OF HEALTH | AND HUMAN SERVICES | | | | | APPROVED . 0938-0391 |
|--------------------------|---|---|-------------------|------|---|-------------|----------------------------|
| STATEMENT | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION | (X3) DATE S | SURVEY |
| | | 445268 | B. WIN | 1G _ | | 08/0 | 03/2011 |
| | ROVIDER OR SUPPLIER | ABILITATION CENTER | | 7: | REET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT .EBANON, TN 37087 | Ē | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| F 157 | Continued From pa 2011, revealed, "1 meq (milliequivaler | age 21 . Give Potassium Chloride 40 nts) 1 po (by mouth) now" | F | 157 | | | |
| | 9.05 a.m. in the co | LPN #1 on August 1, 2011, at conference room, confirmed the been notified of the May 31, util June 3, 2011. | e,- | | | | |
| | Physician timely of on May 31, 2011. | acility failed to notify the fabnormal lab results received and not reported until June 3, a 3 day delay in treatment for | | | | | |
| | March 3, 2011, thr removed August 3 Allegation of Com- immediacy of the j corrective actions team through revie interviews, and ob- | opardy was effective from rough August 3, 2011, and was 3, 2011. An acceptable pliance, which removed the reopardy, was received and were validated by the survey ew of facility documents, staff reservations conducted onsite on the survey team verified the pliance by: | | | | | |
| | physician orders for tracked to ensure results in a timely facility's plan for a are following the property in-service records | e facility's plan for ensuring or lab work are processed and the physician is notified of the manner. Reviewing the uditing records to ensure staff plan. Reviewing the facility's to ensure nursing staff have ucated before resuming work | | | | | |

Event ID: V1YW11

regarding changes to and implementation of the facility's policy for processing, tracking, reporting, and monitoring labs. The Director of Nursing

(DON) on site at the beginning of the survey

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | | |
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| | PROVIDER OR SUPPLIER N HEALTH AND REF | ABILITATION CENTER | | 731 | ET ADDRESS, CITY, STATE, ZIP CODE CASTLE HEIGHTS COURT BANON, TN 37087 | | | |
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| | 2.) Conducting intestaff to determine to gained through insergarding the chan ordering, receiving, results including the for monitoring to enand reported timely confirm nurses were facility's process for abnormal labs to the of how to reach phytime to wait for a calknowledgeable of we cannot be reached timely. 3.) Reviewing additionable residents currently ensure the medicate according to the factorders; to ensure lawere documented of tracking. Interviewing comprehension of the trough labs, when enand notifying the mand notifying the phythat schedule. Verifications. | erviews with 9 of 21 nurses on the level of comprehension service education conducted ges to the facility policy for reporting, and tracking labe e use of the Lab Tickler Tool as are completed to Continued interviews to be knowledgeable of the reporting critical and e physicians; knowledgeable visician's after hours, and the all back from the physician; who to contact if the physician or does not return the call tional charts for 3 of 4 receiving Vancomycin to ion is being administered stility's policy and physician's b orders for peak and trough on the Lab Tickler Tool for any nursing staff to ensure the importance of the peak and ach should be drawn, and the labs. Interviewing staff to edication on a strict schedule ysician if unable to adhere to the interviewing resident careplans and advidualized interventions | F | 57 | | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI | ULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED C 08/03/2011 | |
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| | resident currently re TPN is being admir policy and physician guidelines for dosin responsibility for no resident's lab result assigned to each harecommendations a pharmacy, the charcommunicate the pto the physician and documented on the Lab Tickler Tool will notification and charesidents receiving the physician had be results communicate physicians. Verifying cardexes included in related to lab manages from the pharmacy of processed according policy for lab manages of physician notificated labs including specific for a return call, and does not return the convenience of the processed according to the physician notificated labs including specific for a return call, and does not return the convenience conv | Itional charts for 1 out of 1 eceiving TPN to assure the histered according to facility has orders; reviewing the new g TPN which assigns the tifying the pharmacy of the son the charge nurses all. Once dosing are received from the ge nurse is responsible to harmacy's recommendations of physician notification will be lab results. In addition the lab results. Verifying TPN included labs ordered by the ed to the attending gresident careplans and individualized interventions gement. Indident chart from random the critical lab result obtained on August 3, 2011, was go to the amended facility rement. Indidendum to the facility policy, ment, regarding the timeliness ion for abnormal and critical ics regarding the time to wait what to do if the physician call. | F 1 | 57 | | | |

PRINTED: 08/12/2011 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

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| | ROVIDER OR SUPPLIER N HEALTH AND REH | ABILITATION CENTER | • | 731 | ET ADDRESS, CITY, STATE, ZIP CODE CASTLE HEIGHTS COURT BANON, TN 37087 | | |
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| F 157 | Continued From pa | age 24 | F | 157 | | | |
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| | | *** | | | | | |
| F 309 SS=K | | CARE/SERVICES FOR BEING | F | 309 | | | |
| | provide the necess or maintain the hig mental, and psycho | t receive and the facility must eary care and services to attain hest practicable physical, osocial well-being, in e comprehensive assessment | | | | | |
| | by: Based on medical physician's on-call emergency medicareview, hospital recreview, professionareview, and interview and provide treatm specifically potassi resulted in a critical care for one reside provide emergent (#5); the physician's orders | record review, review of the answering service log, al services documentation cord review, facility policy al standards publications ew, the facility failed to monitor tent for abnormal lab values um (K+) which subsequently all lab value requiring emergent ent (#5); the facility failed to care in a timely manner for one facility failed to follow for monitoring lab results and can for accurate dosing of | | | | | |

(X2) MULTIPLE CONSTRUCTION

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| | PROVIDER OR SUPPLIER | ABILITATION CENTER | | 73 | REET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT LEBANON, TN 37087 | | |
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| F 309 | feedings for three rethe facility failed to reporting critical and residents (#5, #12, residents reviewed. The facility's failure cause serious harm to residents #5, #12 died as a result of a critical potassium lether the Administrator and Director were informated and Jeopardy in the Core 2011, at 11:15 a.m. Substandard Quality. The findings included Resident #5 was addicated the findings with Metastasis, Actileus, Congestive Heradical Cystoprostation. Review of the resided January 6, 2011, the revealed the resider daily from a 3.3 L (lo 2011, to a critical hig 2011, with the hospical cystoprostation). | tal parenteral nutrition (TPN) esidents (#12, #13, #14); and follow facility policy for d abnormal lab values for four #13, #14) of nineteen has caused or is likely to n, injury, impairment or death the facility and #14. Resident #5 n acute cardiac arrest with a evel of 8.4. and the Regional Clinical med of the Immediate enference Room on July 29, F309 resulted in evel of Care. ed: mitted to the facility on eith diagnoses including | F | 309 | 1. Residents identified to be affe alleged deficient practice. The four residents identified to have been the alleged deficient practice, #5, #12, #13 no longer at the facility; therefore, no furthe be taken for these residents. 2. Residents who have the pote affected by the alleged deficien Members of nursing management, (Director (DON), Resident Care Management Direct Medical Records staff and MDS Coordina physicians' orders and the lab section of record of each resident beginning on 7/28/that all ordered labs have been drawn and communicated to the attending physici Medical Director reviewed the results of to 7/29/11. On 7/29/11 the RCMD & MDS Coordinato the care plans and care cardexes of each assure individualized interventions relat management (i.e. changes of condition, effermedications) are clearly identified and docur On 7/31/11 the Regional Clinical Direct Interim DON, Charge Nurses & Medic Director reviewed the Lab Tickler Tool to vlabs were transcribed to the Tool for the August as a part of the end of the month of process. | affected by and #14, are er action can ential to be at practice. I of Nursing or (RCMD), ator audited the medical 11 to assure 1 the results ians. The the audit on the audit of the audit | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE C A. BUILDING | | LTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
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| F 309 | (discharged on Fetranscribed on February and Feview of the The Physical Therapy 15 - 21, 2011, revery well over the all STGS (short tetall STGS (short tetall STGS (short tetall STGS)(arrow pointing Keylew of the facion (POC), Need February 18, 2011 abn. (abnormal) etall sym Continued review of the POC, reveat and symptoms) of potassium) thru 05 the Interventions/Femonitor labs; 2) Monitor labs; 2) | spital's discharge summary ebruary 7, 2011), dictated and ebruary 23, 2011, revealed, el was repletedsent to (facility led care, where they would estomy tube care and urostomy cording the output, ostomy care, and occupational therapy." erapy Progress and Update estional Therapy for the week of 2011, revealed, "Pt (patient) is goals" erapy Progress Notes for dated for the week of February realed, "Pt (patient) has done past week of therapyhas met erm goals) & (and) most LTGS" elity's Interdisciplinary Plan of d/Problem/Concern, dated 1, revealed, "Pot (potential) for electrolytes AEB (as evidenced in gupward signifying increased) isol for potassium) level." of the Outcome/Goals section eled, "Will have no s/s (signs flyperkalemia (elevated 5/2011." Continued review of Approaches, revealed, "1) eds (medications) as ordered; cramps, chest pain, SOB eth)." | F 30 | The Medical Director reviewed management policy and process a physicians on July 29, 2011. Orders received for residents who hawork are entered on the Lab Tickler to be completed by the licensed nurs lab order is received. The Charge Note to assure the lab provider is aware of assure that the lab is drawn timely. For 100, 200 & 300 hall will be respetable portal on 3-11 shift by 7:00 pm a results available and proceed to repote to the attending physician cannot be reached minutes of the critical result being rewill contact Medical Director and Dilabs will be reported to the attending 24 hours of results being obtained by MD's office. On weekends (Friday Sunday) both abnormal & critical lat the MD. Documentation of this communicated to the physician by plinotification will be documented on the as on the Lab Tickler tool. Abnormal will be documented on the 24 hour or communicated during shift to shift re is aware of the lab result status. | ave orders for lab Tool. The tool is sees at the time the urse is responsible f the order and to The Charge Nurses onsible to check the and will print all lab ort any critical labs ely. In the event an ed within 15 coeived the nurse ON. Any abnormali g physician within y faxing to the afternoon through bs will be called to munication will be hone and will be he lab and as welll all & critical labs eport and will be | |

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| F 309 | 2011, revealed the orders for Potassiu (milliequivalents) by Review of the Phys dated February 21, (basic metabolic paracount) today." Review of the lab re 2011, revealed a cr ("!" is the lab's symiwith 3.6 - 5.4 mEq (liter) used by the larange for normal line. Review of the Physical dated February 21, (medication abbrevitomorrow. Repeat Report to MD (medication above) to MD (medication above) february 22, 2011, (potassium lowering (by mouth) x (times) (emergency) box. Exercise of the lab re 2011, revealed the proposed for the lab re 2011, revealed for the lab re 2011, | ord (MAR) dated February resident was admitted with m Chloride 10 meq mouth every day. ician's Telephone Orders 2011, revealed, " (1) BMP mel), CBC (complete blood esults dated February 21, itical potassium level of 6.2 Herool for identifying critical labs) (milliequivalents) / (per) Leboratory as the reference mits. ician's Telephone Orders 2011, revealed, "Hold KCL eation for potassium chloride) KCL (lab) in AM (morning). It cal doctor)." issults dated February 22, itical potassium level of 6.4 Heroian's Telephone Order dated revealed, "Kayexalate medication) 15 g (grams) point dose taken from ER | F | 309 | Nurses on the 11-7 shift will perform a 2-record review to ensure that new orde properly transcribed, carried out, physicia results and that each component is docur Lab Tickler Tool. In addition, the In Team ("IDT"), which includes the Interi Nursing, the Unit Manager, the Staff Coordinator, the Social Services Director, Director, the Registered Dietician Coordinators, and the Rehab Program of IDT, reviews residents every morning Muring the morning clinical stand up me the meeting the IDT reviews residents orders using the telephone order slips and newly admitted residents using the admitted residents using the admitted residents using the admitted residents using the admitted review and verify that the new lab added to the Lab Tickler Tool and are released to the Lab Tickler Tool and are released to determine whether the 24-hour chaoccurring. This review will be done Mond 30, days by the members of nursing which include the Interim DON, Unit McStaff Development Coordinator) and RCN Care Management Director). On the we reviews will be completed by the weeken If identified concerns are noted a 100% chabe completed by the members of nursing and re-education will be completed wit responsible by the Interim DON or Unit McStaff Development Coordinator). | ers have been ans notified of mented on the terdisciplinary in Director of Development the Activities the Activities, the MDS Manager. The fonday-Friday teting. During with new lab the orders for mission order limissions that the National supervisor orders were flected on the more of the formal meeting and check is ay-Friday for management, anager, SDC MD (Resident ekends these d supervisor. In the check will management the flected will management the flected will management the flected of the flected will management the flected will be flected will be flected with the flected will be flected with the flected will be flected will be flected with the flected will be flected will be flected with the flected | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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| F 309 | (potassium lab) rer continue to hold KG Review of the Physical dated February 24, 2/24/11. D/C (discredraw on 2/28/11 Review of the lab reconstruction the lab reconstruction that the abnormal lab. Review of the lab reconstruction that the abnormal lab. Review of the lab reconstruction that the abnormal lab. Review of the lab reconstruction that the lab reconstruction that the late or time the late on July 28, 2011, and review and revi | as 2/28/2011) If KCL mains within normal limits CL (medication)." sician's Telephone Orders, 2011, revealed, "BMP (lab) ontinue) BMP on 2/25/2011 - per order." esults dated February 24, potassium level was 5.6 H cord review of the same lab notes revealed no physician had been notified of esults dated February 28, potassium level was 5.6 H. of the lab result revealed the initialed the lab result without e result had been reviewed. Insed Practical Nurse (LPN) #8 at 8:40 a.m., confirmed the (NP) made rounds on March 2, detended the labs from February 28, interview confirmed the NP of the labs from February 28, interview confirmed the NP of the labs from February 28, interview confirmed the NP of the labs from February 28, interview confirmed the NP of the labs from sible I reviewed the labs from and ordered the BMP on | F | 309 | The IDT will validate that lab tests completed as ordered and follow-up (physician and responsible party/resid during afternoon clinical follow up meeti 11 charge nurses for 100, 200, 300 hall results drawn that day by no later than 7p labs will be communicated to the MD and/or family member within 24 hours of the results (This allows the nurse of the results (This allows the nurse tind document and make recommendations Critical labs will be called to the facility is the nurse will immediately notify the M minutes of receipt. If the attending physis respond within 15 minutes nurse will Medical Director and Interim Director Nurse will document that notification directly on the lab result form The lab filled in the medical record. In addition the will update Lab Tickler Log to reflect the. The Lab Tickler Tool will be initiated at month during the changeover process to refor the upcoming month. The Interim Director of Nursing or des Region Clinical Director will receive doc potential new admissions with orders for therapy prior to admission to review me the method of administration. The Interin Nursing and Region Clinical Director determine whether the facility has the accept the referral. This joint review will 60 days. | is complete lent notified) ing. Daily 3-will pull lab om. Abnormal and resident the receipt of me to assess, to the MD) by the lab and MD within 15 ician does not I then notify of Nursing. has occurred results will be e charge nurse above. the end of the effect labs due lignee and the numentation of IV antibiotic addications and m Director of r will jointly resources to | |

Facility ID: TN9502

Review of the resident's lab result dated March 3,

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| F 309 | 2011, revealed the (high). Medical record reviethe physician had be lab result on March revealed the abnorm to the physician's of days from the day thresults). Interview with Regist 26, 2011, at 2:15 p. confirmed the RN for (potassium 6.0 H) desk" on March 7, 2 the physician's official know if the physician the abnormal results. Interview with the reviatelephone convertion of a.m., revealed receiving the lab resconfirmed the follow been in order had the elevated potassium 6.0 H (high). 1) Revended and a force fluids if needed Kayexalate (medical levels in the blood store and the physician on July 27. | ew revealed no documentation een notified of the abnormal 3, 2011. Continued review mal lab result had been faxed fice on March 7, 2011, (four ne facility received the stered Nurse (RN) #3 on July m., in the conference room bound the abnormal lab result ated March 3, 2011, "on the 2011, and faxed the result to be because RN #3 did not in had been made aware of states. Sident's attending physician reation on July 27, 2011, at it the physician denied sults. Continued interview fing interventions would have e physician received the results on March 3, 2011, of the results on March 3, 2011, | F | 309 | The IDT team will review the orders admitted with Vancomycin antibiotic thera during the morning meeting to assure that transcribed properly and that orders are in Lab Tickler Tool in accordance with the fiprocess. Such review will continue for 60 of the IDT determines that the process is in working effectively through the QA and A process of Nursing initiated edicensed nurses, certified nursing assistants, and the registered dictician regarding management system and the use of the Lab Lab Audit Tools. Licensed nurses were educated by DON RCD. Education began on July 28, 2011 re Lab Process to include monitoring of Vevels and monitoring of labs associated administration. The education process with the permitted to resume regular work of education is completed. Education will be in into the new hire orientation process. The Interim Director of Nursing and/of initiated the process of educating licensed 8/2/11 regarding the proper method of ad Vancomycin and the importance of assuring monitoring of Vancomycin levels through Nurses will not be permitted to resume reduction process. | py and TPN at orders are noted on the facility's lab days or until n place and process. CD) and the fucation for dictary staff g the lab Tickler and N/SDC and regarding the vancomycin with TPN ill continue ses will not futties until neorporated r designee nurses on ministering appropriate lab results. gular work ion will be | |

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| F 309 | (6.0 H) lab result for Telephone interview a.m., with the physical denied knowledge of potassium level, but received notification level of 6.0 H on Material would have ordered maybe done an electroaction level, and (ER)." Medical record revision physician's orders from the high potassium Review of the Nursi (nurse's note) dated a.m., revealed the rand vomiting. Continute from Licensed revealed, "Rec'd (recomplete blood concess (culture and seanti-emetic for naus (milligrams) po (by prince) prince for the lab rerevealed the resider level of 8.4 H! (The critical level per telemanager on July 27 Continued review of the lab revenued review of the lab rerevealed the resider level of 8.4 H! (The critical level per telemanager on July 27 Continued review of the lab revealed the resider level of 8.4 H! (The critical level per telemanager on July 27 Continued review of the lab revealed the resider level per telemanager on July 27 Continued review of the lab revealed the resider level per telemanager on July 27 Continued review of the lab review of the lab review of the lab revealed the resider level per telemanager on July 27 Continued review of the lab | on of the abnormal potassium r March 3, 2011. If you on July 28, 2011, at 10:47 cian on-call March 3, 2011, of notification of the abnormal the confirmed had the physician of the abnormal potassium arch 3, 2011, the physician of the abnormal potassium arch 3, 2011, the physician of treatment, "repeated the lab, ctrocardiogram (EKG), sent to emergency room Bew revealed no new mad been received as a result arm lab dated March 3, 2011. Ing Daily Skilled Summary of March 8, 2011, at 10:00 esident complained of nausea inued review of the narrative esident complained of nausea inued review of the narrative Practical Nurse (LPN) #8 exceived) ordersto get CBC unt), CMP, UA (urinalysis) ensitivity), and Zofran (an sea and vomiting) 4 mg mouth) q (every) 6 hr (hours) of (nausea and vomiting)." It had a critical potassium exclamation point signified a phone interview with the Lab (2011, at 10:25 a.m.) If the March 8, 2011, lab result resentative informed | F | 309 | The Interim Director of Nursing and/initiated the process of educating licenses 8/2/11 regarding the proper method of a TPN and the importance of assuring monitoring of labs associated with TPN ad Nurses will not be permitted to resume a duties until education is completed. Educincorporated into the new hire orientation public, which began on 8/2/11. Nurses permitted to resume regular work duties un is completed. Education will be incorporated into the new hire orientation process. Nursing management and other clinical rest the process of clinical competency testing nurses on administration of IVs, TPN, Tra WHEN Nurses will be required to competencies prior to being permitted to responsibilities. Nurses will not be permitted to the new hire orientation process. Licensed nurses will be educated by DON/designee regarding their responsibilit labs are drawn timely. The licensed mobiain the blood sample in the event the phlebotomist is unavailable in order to specimen timely. This will allow the facilitation the medication is administered as | ad nurses on administering appropriate ministration. regular work ation will be process. 4-hour chart Coordinator will not be util education ated into the purces began to of licensed the care, etc. demonstrate resume floor ed to resume testing is incorporated the Interim ites to assure urses are to obtain the lab obtain the ity to assure | |

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| | potassium level at Review of the Nurs dated March 8, 20 received the critica and reported the plus dated March 8, 20 to notify the physici answering service of the nurse's note return the call until revealed the physic sent to the emerge Review of the physic sent to the emerge Review of the physic sent to the emerge Review of the physic pain pls (please) ca Review of the nurse dated March 8, 201 services transport h Review of the emer record revealed the received at 8:37 p.n emergency services 8:50 p.m.; departed arrived at the emerge Interview with RN # July 26, 2011, at 1:3 received the call fro | sing Daily Skilled Summary 11, 6:00 p.m., revealed RN #2 I lab information from the lab, ritical lab result to RN #3. sing Daily Skilled Summary I1, revealed RN #3 attempted an through the physician's at 7:00 p.m. Continued review revealed the physician did not 7:45 p.m. Continued review sian ordered the resident to be not room for evaluation. sician's answering service call 2011, revealed the physician not receive the call until 7:50 age, "(resident name) very sick @ (at) stomach w/t (with) | F | 309 | physicians' orders Nurses will not be resume regular work duties until e completed. Education will be incorporated hire orientation process. Charge nurse for 100, 200 & 300 hall are rereport abnormal Vancomycin levels to the same day results of receipt for appropriat MD of next dose. MD notification documented directly on the lab results. The should then filed in the Medical Record. Charge nurse for 100, 200 & 300 hall are rereport lab results for residents receiving Pharmacy for recommendations of TPN dosing recommendations are received the C is to communicate recommendations to the same day for the next day's TPN dosing MD notification should be documented directly ab results. The lab results should then Medical Record. The Division Director of Pharmacy Secontacted the Consultant Pharmacist to remabout his/her responsibility to review, durivisits, the use and possible discontin Vancomycin antibiotic therapy. | esponsible to MD on the e dosing by should be e lab results esponsible to TPN to the osing. Once harge Nurse me MD that instruction, ectly on the filed in the ervices has ind him/her me monthly | |

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| | | 445268 | B. WIN | VG_ | | 08/0 | 3/2011 |
| | | ABILITATION CENTER | | 7 | REET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087 | - | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | COMPLETION DATE |
| F 309 | Continued interview information verbally response from RN information relayed #2 confirmed RN #3 Interview with RN #3 July 26, 2011, at 2: could not recall tree or interventions prothe length of time from 7:50 p.m. to 8 service. Telephone interview (CNA) #5 on August confirmed the CNA to 11:00 p.m.) had be resident #5 on Marcinterview confirmed 2:30 p.m. (beginnin interview confirmed about not feeling good Review of the Nursi written by RN #3, dap.m., revealed, "" (patient) given a PR (medication) for C/C ABD (abdomen) rat" Continued review ambulance here to hospital" | confirmed RN #2 relayed the to RN #3, and solicited a #3 regarding understanding of Continued interview with RN responded affirmatively. If in the conference room on the p.m., confirmed the RN atments, resident symptoms, vided for the resident during from 6:00 p.m. until 7:50 p.m., it's answering service; and the ambulance with Certified Nurse Aide at 1, 2011, at 12:07 p.m., worked second shift (3 p.m., worked second shift (3 p.m., worked second shift (3 p.m., to call the resident was "okay" at g of shift). Continued the resident was "okay" at g of shift). Continued the resident had complained around 4:00 p.m. Ing Daily Skilled Summary ated March 8, 2011, at 8:10 Call placed to ambulance. Pt to the total placed to ambulance. | F | 309 | 4. Quality Assessment and Committee The Quality Assessment and Assurance Comeet weekly for a month and monthly discuss compliance with this plan an identified trends and patterns regard management system. The Committee Medical Director, Administrator, DON members of the IDT and at least one mer care staff. • Lab issue was 5/11/11 during Review Proces. • Action plan walong with step process to add system. It was the May 18th Qas a identified concern/focus in process: • All licensed steeducated on La and this educated on La and | committee will thereafter to ad to review the lab includes the pharmacist, mber of direct identified on a Quality ss: as developed p-by-step lab brought to QAA meeting with action aff was ab Process tion was 6/8/11. eting held effect action ated to the | |
| | Administration Reco revealed the resider | ord dated March 2011, nt had orders for | | | | | |

| NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER X49 ID PREFTX (SACH) DEPICION (SECONDARY STATE, ST | | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 | MULTIP IILDING | LE CONSTRUCTION | (X3) DATE S COMPLI | |
|--|--------|---|---|-------|-------------------|--|-----------------------|------------|
| LEBANON HEALTH AND REHABILITATION CENTER (X4) ID (X4) | | | 445268 | B. WI | NG | | | |
| FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 33 "Hydrocodone/Acetaminophen (narcotic pain medication) 5 mg - 325 mg, Take 1 tablet by mouth every 4 hours as needed for pain" Medical record review of the Medication Administration Record dated March 2011, and the narcotics tracking log revealed no documentation the resident received the medication on March 8, 2011. Medical record review revealed no documentation of the transfer assessment or vital signs provided to the emergency medical transport services report dated March 2011, revealed, "The call came in as critical labs. After arriving on the scenecalled for assistance on a working code" (A code is the term used to define resuscitative measures performed in the absence of breath and/or pulse). Review of the emergency room Initial Assessment Form dated March 8, 2011, at 9:15 p.m., revealed, "Cardiac arrest pre-hospital" Continued review revealed the resident presented to the ER with CPR (cardiopulmonary resuscitation) in progress. Review of the hospital Code Blue Flow Sheet dated March 8, 2011, at 9:21 p.m., revealed, "Type of ArrestCardiopulmonary, Hyperkalemia; Patient Diagnosis: Hyperkalemia, Ca (Cancer)" Continued review revealed the time the code ended was 9:35 p.m. Review of the resident's | | | ABILITATION CENTER | | 73 | 1 CASTLE HEIGHTS COURT | 7 00/0 | 7072011 |
| "Hydrocodone/Acetaminophen (narcotic pain medication) 5 mg - 325 mg, Take 1 tablet by mouth every 4 hours as needed for pain" Medical record review of the Medication Administration Record dated March 2011, and the narcotics tracking log revealed no documentation the resident received the medication on March 8, 2011. Medical record review revealed no documentation of the transfer assessment or vital signs provided to the emergency medical transport services. Review of the emergency transport services report dated March 8, 2011, revealed, "The call came in as critical labs. After arriving on the scenecalled for assistance on a working code" (A code is the term used to define resuscitative measures performed in the absence of breath and/or pulse). Review of the emergency room Initial Assessment Form dated March 8, 2011, at 9:15 p.m., revealed, "Cardiac arrest pre-hospital" Continued review revealed the resident presented to the ER with CPR (cardiopulmonary resuscitation) in progress. Review of the hospital Code Blue Flow Sheet dated March 8, 2011, at 9:21 p.m., revealed, "Type of ArrestCardiopulmonary, Hyperkalemia, Patient Diagnosis: Hyperkalemia, Ca (Cancer)" Continued review revealed the time the code ended was 9:35 p.m. Review of the resident's | PREFIX | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | PREF | IX | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP | OULD BE | COMPLETION |
| Acute Cardiac Arrest and Carcinoma of Bladder. Review of professional literature on potassium imbalance from the Diseases and Disorders | | "Hydrocodone/Ac medication) 5 mg - mouth every 4 hour Medical record revie Administration Reconarcotics tracking lot the resident receive 2011. Medical record revie of the transfer asset to the emergency make the emergency of the transfer asset to the emergency of the emerg | etaminophen (narcotic pain 325 mg, Take 1 tablet by s as needed for pain" ew of the Medication ord dated March 2011, and the org revealed no documentation at the medication on March 8, ew revealed no documentation ssment or vital signs provided hedical transport services. gency transport services 8, 2011, revealed, "The call abs. After arriving on the sistance on a working code rm used to define ares performed in the absence se). gency room Initial dated March 8, 2011, at 9:15 ardiac arrest pre-hospital" Evealed the resident presented (cardiopulmonary gress. Review of the hospital et dated March 8, 2011, at "Type of onary, Hyperkalemia; Patient lemia, Ca (Cancer)" Evealed the time the code on Review of the resident's ealed the cause of death was set and Carcinoma of Bladder. | F | 309 | | | |

| | TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | | |
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| | | 445268 | B. WIN | NG | 08/03/2011 | | |
| | PROVIDER OR SUPPLIER ON HEALTH AND REH | ABILITATION CENTER | • | 73 | EET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT EBANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | 55054 | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 309 | Handbook, revealed potassium level has (3.5 - 5 mEq/liter), a direction can produconsequences. Pa (potassium deficien (potassium excess) and flaccid paralysidiminish excitability heart muscle, which Continued review repotassium imbalance and abdominal crar. Review of the facilit Management, reveatests are Abnormal attending Physician notified immediately received. Date, timbe documented on | ed, "Because serum s such a narrow normal range a slight deviation in either uce profound clinical aradoxically, both hypokalemia ncy) and hyperkalemia) can lead to muscle weakness isBoth conditions also or and conduction rate of the h may lead to cardiac arrest" evealed clinical features of ce include nausea, diarrhea, | F | 309 | | | |
| | coverage) cannot be or abnormal value, the Medical Director Practitioner)/design | Provider (or their on-call be reached to report a critical the facility Medical Director or or's NP (Nurse nee and the DON (Director of will be contacted with the | | | | | |
| | physician on July 27 confirmed the potas | w with the resident's attending 7, 2011, at 1:30 p.m., ssium level of 8.4 H! (critical) d emergency treatment. | | | | | |
| | 2011, at 11:20 a.m. | Director of Nursing on July 27, , in the conference room ty's policy for reporting | | | | | Applicate Marketing Communication Communicat |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED C | | |
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| | | 445268 | B. WI | NG | | 08/03/2011 | |
| | PROVIDER OR SUPPLIER | HABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087 | | r of | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | 0.0000 | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 309 | abnormal and critifollowed. Continued documentation was resident had not be a summary, resident had not be a summary, resident had not be a summary, resident had values, specifical element in the physical heart. The reside rehabilitation with upon discharge. If the summary 24 and 2 indicated elevated which physician not annot be verified complained of naupain (all indicators March 8, 2011, ne critical potassium from the time the level to the facility until the ambulance and 53 minutes of delay in treatment was notified as so informed of the lall physician's answe the call was not resonance to minutes) later. transport services The emergency services and the call was not facility standicated the call was notifying the physimedical services of the services of the physimedical services of the services of t | cal lab values had not been ed interview confirmed the as unclear as to why the seen treated sooner. ent #5 was admitted to the surgery, and with fluctuating cally K+ (potassium), a critical visiology of the rhythm of the nt was admitted for the goal of returning home ab results obtained on 28, 2011, and March 3, 2011, and abnormal K+ levels for otification on those dates. When the resident usea, vomiting, and abdominal of elevated potassium) on aw labs were ordered, and the level of 8.4 was revealed. Iab reported the critical K+ at 5:57 p.m., on March 8, 2011, are arrived at 8:50 p.m., 2 hours time elapsed, resulting in a 2. RN #3 stated the physician on as he/she had been of (around 6:00 p.m.) The ring service call log indicated ceived until 7:50 p.m. (1 hour, RN #3 stated the emergency had been notified at 8:10 p.m. ervices transport services log was received at 8:37 p.m. The aff to follow facility policy in cian and calling for emergency esulted in delay of treatment. | F | 309 | | | |
| | | the resident was being loaded y transport, vital signs ceased, | | | | | Apple to the first of the first |

| STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | | LE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | | 445268 | B. WIN | 1G | | 10/6 | 3/2011 | |
| | PROVIDER OR SUPPLIER ON HEALTH AND RE | EHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CO 731 CASTLE HEIGHTS COURT LEBANON, TN 37087 | | Έ | | |
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| F 309 | and resuscitation the Emergency R resuscitation cont success. The res Arrest at 9:35 p.m | page 36 measures began. Review of coom records revealed tinued in the ER, without sident died of Acute Cardiac n., on March 8, 2011. | F | 309 | | | | |
| | February 15, 201 Osteomyelitis (inf Diabetes Mellitus, Peripheral Vascul | 1, with diagnoses including flammation of the bone), , End Stage Renal Disease, lar Disease, Hypertension, epsis/Bacteremia (bacteria in | | | | . 4 | W - 12 - 12 - 1 | |
| | 15, 2011, signed revealed, "Vance (intravenous) once revealed, "peak (third) dose. Pharmesident's Medica dated February 20 received Vancoms serious or severe | mission Orders dated February by the attending physician, comycin 1000 mg (milligrams) IV e daily" Continued review & (and) trough q (every) 3rd rmacy to dose" Review of the tion Administration Record 011, revealed the resident ycin (an anti-infective used for infections) 1000 mg vaneously once daily. | | | | | | |
| | Peak and Trough is a measurement been given and at concentration. Ide infusion. 2. The forug in the blood at its lowest level Ideally just prior to TIME a specimen TIME the dose was | ility's policy, Blood Sampling for Values, revealed, "1. The peak to f drug in the blood after it has tits highest level of eally 30-60 minutes following trough is a measurement of right before the next dose and of concentration in the blood. In infusion4. The ACTUAL is obtained and the ACTUAL as hung is CRITICAL to et drug levels for dosing | | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED

| | OF CORRECTION | IDENTIFICATION NUMBER: | 1 22 25 | LDING | | COMPLE | ETED |
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| | PROVIDER OR SUPPLIER ON HEALTH AND REF | HABILITATION CENTER | | 731 | ET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT BANON, TN 37087 | 1 25.2 | 0/2011 |
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| F 309 | considerations" Review of the lab re 2011, and identified revealed a critical recritical lab value) w 20.0. Continued re Director had initiale "Stopped Vancomy Review of the Phys 15, through Februa to discontinue the N | record dated February 18, d by the lab as "Trough" result of 37.1 H! ("!" indicates a with a reference range of 10.0 - review revealed the Medical ed the lab report and written yein" with no time or date. sician's Orders from February ary 24, 2011, revealed no order Vancomycin. On February 24, | F3 | 309 | | | |
| | Review of the Medi dated February 201 Practical Nurse (LP 7:30 a.m., in the co | was readmitted to the hospital tion of chronic lower back pain. ication Administration Record 11, and interview with Licensed PN) #6 on August 2, 2011, at onference room, confirmed the laily doses of Vancomycin for 2011. | | | | Sajiile | |
| | revealed adverse reinclude fever, pain, pseudomembranou nephrotoxicity, and review revealed, " dysfunction need do blood levels to adjust Normal therapeutic peak, 30 to 40 mg (hour after infusion et al., and the second seco | us colitis, nausea, anaphylaxis. Continued | | | | 1772 June | |
| | | Medical Director on August 1, by telephone from the | | | | | |

PRINTED: 08/12/2011 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 445268 | B. WIN | | | M10 " | C 3/2011 |
| | PROVIDER OR SUPPLIER ON HEALTH AND RE | HABILITATION CENTER | | 73 | EET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT EBANON, TN 37087 | | |
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| F 309 | conference room resident continued medicationSom stoppedI was no physician, but I pahave a kink in not doneYou know not doneThat is | confirmed, "Was not aware the d to receive the eone told me it had been of the patient's primary ay attention to the labsWe ification, signing what has been what they say, not documented, | F 3 | 09 | | | |
| | an anti-infective (\ critical lab value w Resident #13 was 12, 2011, and rea diagnoses includir Renal Failure with | Vancomycin) for 6 days after the vas received. admitted to the facility on April dmitted on May 4, 2011, with a Aspiration Pneumonia, Acute Kidney Disease, Hypokalemia, epletion, Malabsorption | | | | | |
| | Parenteral Nutrition Nutrition) Order For admitted with "Custing redients, meas on May 4, 2011. For dated May 4, 2011 "CMP (Complete I | view of the TPN (Total on)/PPN (Peripheral Parenteral prm, revealed the resident was stom Formula (specific ured additives)" orders for TPN Review of the Admission Orders I, revealed the lab tests for Metabolic Panel); Mag C (Complete Blood Count) q | | | | La desprendent families constituent talent constituent talent constituent families constituent families constituen | |
| | The definition of T Cyclopedic Medica Provision of the to route for a patient orally. Review of | PN provided by Taber's al Dictionary is as follows: tal caloric needs by intravenous who is unable to take food the Handbook for Geriatric aled TPN is the parenteral | | | | | |

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: V1YW11

Facility ID: TN9502

If continuation sheet Page 39 of 49

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MU A. BUILD | LTIPLE CONSTRUCTION DING | COMPLE | |
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| F 309 | administration of ovitamins, and trace exceed the patien | dextrose, proteins, electrolytes, be elements in amounts that oft's energy expenditure and unabolism (The building up of | F 30 |)9 | | |
| | 5, 2011, revealed needs secondary syndromeCMP/ | Mag(magnesium)/CBC q 3 days o MD (Medical Doctor) who will | | | | |
| | through May 13, 2 completed on May | oratory results from May 4, 2011, revealed no labs had been y 7, 2011, the first day the labs e resident's admission on May | | | | 14-20 m - 7-11-2 |
| | 2011, revealed the Blood Urea Nitrog high); Creatinine (BUN/Creatinine C 43.7 H; Glomerula greater than 60) 5 | ident's lab results dated May 10, e following abnormal lab values: gen (normal: 8-24) 52 H (H= (normal: 0.5-1.1) 1.2 H; clearance (normal: 6.0-25.0) ar Filtration Rate (normal: 55 L (L= low); Chloride (normal: 2 (normal: 20-32) 35 H; Calcium | | | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | (normal:8.7-10.4) 6.2-8.0) 5.9 L; Alb Alkaline Phosphal Blood Cells (norm (normal: 11.5-15.5 36-45) 27.5 LCo documentation the | 8.5 L; Total Protein (normal pumin (normal: 3.2-5.0) 3.0 L; te (normal: 35-105) 145 H; Red pal: 3.8-5.0) 3.09 L; Hemoglobin 5) 9.0 L; Hematocrit (normal: ontinued review revealed no e physician had been notified of a. Continued review revealed no | | | Specific Confession (1997) West Confession (1997) | |
| | | ident's lab results dated May 13, | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 200-00-00-00 | IULTIP LDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER | ABILITATION CENTER | | 73 | EET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT BANON, TN 37087 | | |
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| F 309 | 2011, revealed the Blood Urea Nitrogei Creatinine (normal: Clearance (normal: Filtration Rate (normal: 9 20-32) 34 H; Calciu Total Protein (normal: 3.2-5.0) 2.6 (normal: 35-105) 16 17-34) 13.1 L; GlucContinued review the physician had be | ge 40 following abnormal lab values: n (normal: 8-24) 45 H; .5-1.1) 1.4 H; BUN/Creatinine 6.0-25.0) 32.2 H; Glomerular nal: greater than 60) 46 L; 7-112) 93 L; CO2 (normal: m (normal:8.7-10.4) 8.3 L; al 6.2-8.0) 5.3 L; Albumin 6 L; Alkaline Phosphate i3 H; PreAlbumin (normal: ose (normal: 73-107) 169 H revealed no documentation een notified. Continued changes in the TPN formula | F | 809 | | | |
| | Nutrition Checklist, frequently per physic | y's policy, Total Parenteral revealed, "monitor labs cian's order and notify abnormalities or sudden nula may need to be | | | | | |
| | in the conference ro from the hospital or The TPN orders are standardized form (' sent to the physician formula is sent to the | with the Pharmacy August 2, 2011, at 10:55 a.m., om confirmed residents come home with initial TPN orders. Transcribed to the TPN TPN/PPN Order Form), and of for approval before the TPN e facility. Continued interview macy maintains care plans for | | | | | |
| | each TPN resident, changes, and any for result of the physicia interview confirmed from the TPN/PPN (| contacts the facility for order ormula changes made are a can's orders. Continued the initial formula is prepared Order Form and subsequent on labs (electrolytes, CBC, | | | | | |

| | TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE: A. BUILDING (X3) DATE SU | | ETED | | | | |
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| | PROVIDER OR SUPPLIER ON HEALTH AND REF | HABILITATION CENTER | | 73 | EET ADDRESS, CITY, STATE, ZIP CODE 11 CASTLE HEIGHTS COURT EBANON, TN 37087 | | |
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| F 309 | blood sugars) mon Continued interview TPN formula must Telephone interview Representative on confirmed the phar resident #13's care confirmed according the IV (Intravenous every other day, specification the orders for TPN confirmed no change been communicate | age 41 nitored by the Physician. w confirmed any changes in the come from the Physician. w with the Pharmacy August 2, 2011, at 12:45 p.m., rmacy had no copies of labs in e plan. Continued interview ng to the pharmacy's care plan, s) Technician called the facility poke with the nurse in charge of inquired of physician changes to l. Continued interview nges to the TPN orders had ed by the nurses to the resident's stay in the facility. | F | 309 | | | |
| | (RCD) #1 on July 2 conference room, of | Regional Clinical Director 29, 2011, at 3:00 p.m., in the confirmed there was no record sted on May 7, 2011, as sician. | | | | | |
| | August 1, 2011, at a resident had been a TPN. Continued in was responsible for and reporting the reensure the appropri interview confirmed understanding was results to the Pharm recommendations approved the changes in the TPN approved the changes. | w with the Medical Director on 2:45 p.m., confirmed the admitted from the hospital on a terview confirmed the facility or obtaining the resident's labs esults to the physician to riate TPN formula. Continued of the Physician's of the facility faxed the lab macy; the Pharmacy made based on the lab results for N formula; and the Physician ges. Continued interview sician was not aware the | | | | | |
| | | reviewed the lab results. | | | | | F 4144 5 25 4 4 |

| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BU | ILDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
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| | PROVIDER OR SUPPLIER ON HEALTH AND RE | HABILITATION CENTER | | 73 | EET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT EBANON, TN 37087 | 73-5 West-11 | |
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| F 309 | Continued intervier perfectwork town these mistakese Interview with RCI conference room confirmed the TPI changed as a resurany time during the Registered Digroom on August 2 | w confirmed, "No system is and effectivenesslearn from educate constantly" D #1 and RCD #2 in the conformula had not been all of the abnormal lab results at the resident's stay. Interview with etician (RD) in the conference, 2011, at 9:25 a.m., with RCD in confirmed the RD was not | F | 309 | | | |
| | In summary, the real TPN orders, approphysician. The phadmission to mon regarding the TPN the pharmacy made recommend pharmacy stated the and made change not been completed failed to provide comonitoring and results. | esident #13 was admitted with oved and signed by the sysician ordered labs on iter the resident's needs. I formula. The physician stated nitored the labs and would have lations for changes. The he physician monitored the labs s. The May 7, 2011, lab had ed as ordered. The facility are and services based on view of lab results obtained on 13, 2011. Prior to formulating PN formula, the pharmacy | | | | Property of the Property of th | |
| | records indicated contacted facility in the physicians or Representative, in TPN formula during facility. The residuemergency room | a pharmacy representative nurses to check for changes in lers. According the Pharmacy o changes were made to the ng the resident's stay at the ent was discharged to the on May 15, 2011, with rtness of breath and increased | | | | | |

| | ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) IDENTIFICATION NUMBER: A. BUILDING | | COMPLE | (X3) DATE SURVEY COMPLETED | | | |
|--------------------------|---|---|-------------------|-------------------------------|---|--------|----------------------------|
| | | 445268 | B. WII | NG | 08/03/20 | | |
| | PROVIDER OR SUPPLIER | HABILITATION CENTER | • | 73 ⁻ | EET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT BANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 309 | Resident #14 was 12, 2011, with diag Prostate Cancer, Tompression Frace Hypovolemia, and Review of the Phys 2011, revealed an (Comprehensive Modern of the lab revealed the reside specifically a low p 5.4 identified as the review revealed a lab sheet, "result signed by the Licer Continued review revi | admitted to the facility on May moses including Metastatic 11 (Thoracic vertebrae #11) tures with Cord Compression, Hyponatremia. Sician's Orders dated May 27, order for a CMP letabolic Panel) lab test to be 31, 2011. esults dated May 31, 2011, ent had abnormal lab values otassium level of 3.4 with 3.6 - e normal range. Continued notation on the bottom of the s called to Dr (doctor)" and nsed Practical Nurse (LPN). evealed an order, "40 meq o (by mouth) Potassium | F | 309 | | | |
| | Care, revealed, " result in such comp | dbook of Geriatric Nursing Potassium imbalances may blications as muscle weakness is, and may also lead to | | | | 2500 | |
| | 2011, revealed, "1. | Give Potassium Chloride 40 ats) 1 po (by mouth) now" | | | | | |
| | 9:05 a.m., in the co | PN #1 on August 1, 2011, at onference room, confirmed the been notified of the May 31, til June 3, 2011. | | | | | Herician III |
| | In summary, the fa | cility failed to notify the | | | | 1 +1 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MI A. BUIL | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---------------------|--------------|--|----------|--|
| | | 445268 | B. WIN | G | | | 3/2011 |
| | PROVIDER OR SUPPLIER ON HEALTH AND REF | HABILITATION CENTER | | 731 C | ADDRESS, CITY, STATE, ZIP CODE ASTLE HEIGHTS COURT ANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | x | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| F 309 | Physician timely of on May 31, 2011, a | age 44 abnormal lab results received and not reported until June 3, a 3 day delay in treatment for | F 3 | 09 | | | |
| | March 3, 2011, throremoved August 3, Allegation of Compimmediacy of the jecorrective actions at team through revieinterviews, and obs | opardy was effective from bugh August 3, 2011, and was 2011. An acceptable oliance, which removed the eopardy, was received and were validated by the survey of facility documents, staff servations conducted onsite on the survey team verified the liance by: | | | | | G . G |
| | physician orders for tracked to ensure the results in a timely res | facility's plan for ensuring or lab work are processed and the physician is notified of the manner. Reviewing the additing records to ensure staff an. Reviewing the facility's to ensure nursing staff have cated before resuming work to and implementation of the processing, tracking, reporting, s. The Director of Nursing to beginning of the survey 19, 2011, and an interim DON don August 1, 2011. | | | | | |
| | staff to determine t gained through in-s regarding the chan | erviews with 9 of 21 nurses on he level of comprehension service education conducted ges to the facility policy for reporting, and tracking lab | | | | | Section 1 and 1 an |

| | MENT OF DEFICIENCIES LAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED C 08/03/2011 | | | | |
|--------------------------|---|---|--|-----|---|----------|----------------------------|
| | ROVIDER OR SUPPLIER N HEALTH AND REH | ABILITATION CENTER | | 731 | ET ADDRESS, CITY, STATE, ZIP CODI CASTLE HEIGHTS COURT BANON, TN 37087 | E | ě |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY) | HOULD BE | (X5) COMPLETION DATE |
| F 309 | for monitoring to en and reported timely confirm nurses wer facility's process for abnormal labs to the of how to reach phytime to wait for a caknowledgeable of weannot be reached timely. 3.) Reviewing additional residents currently ensure the medicat according to the factorders; to ensure lawere documented of tracking. Interviewing comprehension of the trough labs, when ensure comprehensions. | e use of the Lab Tickler Tool sure all labs are completed. Continued interviews to e knowledgeable of the reporting critical and e physicians; knowledgeable vician's after hours, and the all back from the physician; who to contact if the physician or does not return the call tional charts for 3 of 4 receiving Vancomycin to ion is being administered willity's policy and physician's borders for peak and trough on the Lab Tickler Tool for any nursing staff to ensure the importance of the peak and ach should be drawn, and the labs. Interviewing staff to sion of the importance of | F | 309 | | | |
| | and notifying the ph that schedule. Veri cardexes included i related to lab mana | redication on a strict schedule ysician if unable to adhere to fying resident careplans and individualized interventions gement. | | | | | |
| | resident currently re TPN is being admin policy and physiciar guidelines for dosin responsibility for no resident's lab result assigned to each ha | ceiving TPN to assure the istered according to facility I's orders; reviewing the new g TPN which assigns the tifying the pharmacy of the s on the charge nurses | | | | | |

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MI A. BUIL | | E CONSTRUCTION | (X3) DATE SU COMPLE | TED |
|--------------------------|--|---|--------------------|-----|---|------------------------|----------------------------|
| | | 445268 | B. WIN | IG | | | C 3/2011 |
| | PROVIDER OR SUPPLIER | ABILITATION CENTER | | 731 | ET ADDRESS, CITY, STATE, ZIP CODE CASTLE HEIGHTS COURT BANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| F 309 | pharmacy, the char communicate the p to the physician an documented on the Lab Tickler Tool wi reflectnotification a residents receiving the physician had b results communica physicians. Verifyir | rge nurse is responsible to obharmacy's recommendations of physician notification will be a lab results. In addition the lill be updated to and charting results. Verifying TPN included labs ordered by been completed, and the lated to the attending and resident careplans and individualized interventions | F3 | 809 | | | |
| | 5.) Reviewing 1 re selection to ensure from the pharmacy | esident chart from random the critical lab result obtained on August 3, 2011, was ng to the amended facility | | | | 1. 1814 May 1822 - 13 | |
| | Laboratory Manage of physician notifical labs including spec | Addendum to the facility policy, ement, regarding the timeliness ation for abnormal and critical cifics regarding the time to wait and what to do if the physician e call. | | | | | |
| | monitoring correcti | ontinues at a "E" level for ve actions. The facility is a plan of correction. | | | | | |
| F 514 SS=D | C/O # TN0002787 483.75(I)(1) RES RECORDS-COMP LE | 7 PLETE/ACCURATE/ACCESSIB | F 5 | 514 | | | |
| | | naintain clinical records on each | | | | | -500 |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ULTIPI LDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|-------------------|-----------------|--|--|----------------------------|
| | | 445268 | B. WIN | 1G | | | 3/2011 |
| | ROVIDER OR SUPPLIER N HEALTH AND RE | HABILITATION CENTER | | 73 | EET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT EBANON, TN 37087 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREF TAG | 200000 | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE |
| F 514 | accurately docum systematically orgonic matically orgonic matically orgonic matical recommendation to idea resident's assess services provided preadmission scrand progress not the facility failed administration remineteen resident. The findings included the facility failed administration remineteen resident. The findings included the facility failed administration remineteen resident. The findings included the find | actices that are complete; nented; readily accessible; and ganized. d must contain sufficient entify the resident; a record of the aments; the plan of care and d; the results of any reening conducted by the State; es. ENT is not met as evidenced all record review, and interview, to complete the medication cord for one resident (#2) of ts reviewed. | F | 514 | The facility will maintain clinical reeach resident in accordance with acc professional standards of practice the complete; accurately documented; raccessible; and systematically organ 1.) Resident #2 was discharged from facility on 11/08/2010. 2.) The Interim Director of Nursing identify any active residents with tracheotomy care being provided or 08/15/2011. The Interim Director of Nursing au Medication Records on current resist were taking any Heparin, low mole weight Heparin products, and Warfassure the medication was being documented as ordered on 08/15/20 3.) The Director of Nursing institu 07/25/2011 a new monitoring tool requires two nurses signatures assuthe Medication Record is complete shift to shift. | cepted out are ceadily nized. In the did not didited dents that cular arin to 111. ted on that uring that | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|--|---|---|---|----------------------------|
| | | 445268 | B. WIN | | | 08/0 | C 03/2011 |
| NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY) | | OULD BE | (X5) COMPLETION DATE |
| F 514 | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | F | 514 | The Director of Nursing or Designer auditing 100% of all Heparin, low movight Heparin products, and Warfa ensure compliance daily for two we weekly for one month, monthly for the months, and then quarterly thereafte. The IDT Team is auditing 100% of Medication Records to ensure complaily for two weeks, weekly for one monthly, monthly for three months, quarterly thereafter. Licensed nurses were educated by the DON, SDC, and Regional Clinical For 7/25/2011 on the Medication Admir process. The education will continuall nurses have been educated. Lice nurses will not be able to resume regwork duties until education has been completed. The educational material been incorporated into the new hire orientation program. 4.) The data collected from the audigiven to the Director of Nursing for and trending. The Director of Nursing for and trending. The Director of Nursing resent the trended data to the Qual Assessment and Assurance Commit during its monthly meeting. Complithe system will be reviewed monthl Quality Assessment and Assurance committee, which consists of the M Director, Administrator, Director of Nursing, Staff Development Coordi Medical Records, Dietary Manager, Director, Resident Care Managemen Director, Pharmacist Consultant, Maintenance Supervisor, Social Ser Director, Activity Director, and Housekeeping Supervisor, Addition measures will be developed and implemented as needed. Alleged Date of Compliance: August 16, 2011 | and then the Director sistration e until nsed gular is have it will be tracking ing will ity ttee liance of y by the edical rator, Rehabint vices | |